



# Town of Hampstead

## Community Services and Recreation Department

### DAY CAMP REGISTRATION FORM 2022

**Group:** \_\_\_\_\_

**CAMPER'S FAMILY NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

|                      |          |                  |  |
|----------------------|----------|------------------|--|
| PARENT 1 FAMILY NAME |          | FIRST NAME       |  |
| PARENT 2 FAMILY NAME |          | FIRST NAME       |  |
| ADDRESS NO.          | STREET   | APARTMENT #      |  |
| CITY                 | PROVINCE | POSTAL CODE      |  |
| PARENT 1 CELL#:      |          | PARENT 2 CELL #: |  |
| HOME TELEPHONE #:    |          | OTHER:           |  |
| EMAIL ADDRESS:       |          |                  |  |

|                      |        |      |             |             |                                      |
|----------------------|--------|------|-------------|-------------|--------------------------------------|
| <u>DATE OF BIRTH</u> |        |      | <u>SEX:</u> | <u>AGE:</u> | <b>KOSHER</b> (circle one):      yes |
| YEAR:                | MONTH: | DAY: | M    F      |             | no                                   |

**MEDICAL INFORMATION**

|   |  |                                    |  |
|---|--|------------------------------------|--|
| MEDICARE CARD NUMBER  |  | EXPIRY DATE                        |  |
| CHILD'S PHYSICIAN   |  | TEL. NUMBER                        |  |
| ALLERGIES TO MEDICATION (please specify)  |  | ALLERGIES TO FOOD (please specify) |  |
| DOES YOUR CHILD HAVE ANY PHYSICAL OR EMOTIONAL CONDITION OF WHICH WE SHOULD BE AWARE? |  |                                    |  |

**EMERGENCY CONTACTS (OTHER THAN PARENTS)**

| NAME | TEL. CELL | TEL. HOME |
|------|-----------|-----------|
| 1.   |           |           |
| 2.   |           |           |

**PERSONS AUTHORIZED TO PICK UP MY CHILD (OTHER THAN PARENTS)**

| NAME | RELATIONSHIP TO CHILD | TEL. NUMBER(S) |
|------|-----------------------|----------------|
| 1.   |                       |                |
| 2.   |                       |                |

☺ **SPECIAL REQUEST TO BE WITH ONE FRIEND** (every attempt will be made to make such placements, however there are no guarantees that it will occur). Name of friend: \_\_\_\_\_

\* **SWIM LEVEL:** \_\_\_\_\_

**Waiver For Use of Photographs Taken During Activities**

*I authorize the CSR department to take photographs during programs and activities which I have registered for or attend. I understand that these pictures may be used for future promotional purposes, without any compensation.*

Signature : \_\_\_\_\_



**WAIVER - CONDITION OF PARTICIPATION IN ANY CSR DEPARTMENT PROGRAM**

*I hereby assume all risks relating to the activity for which I register, whether inherent therein or foreseeable or not, and I hereby release the Town of Hampstead, its employees, officers, agents and volunteer workers (all hereafter called the Town) from, and waive and renounce to, any claim for loss or damage to person or property, however arising, to the complete exoneration of the Town, and will save the Town harmless from any such claim in principal interest and costs. If I sign the present in my capacity either as a parent or guardian, to enable a minor to participate in a program, I acknowledge it is subject to the same waiver as I am the participant. Furthermore, by signing as a parent or guardian, I hereby agree to indemnify and hold harmless the Town of Hampstead, its employees and volunteer workers from any claims for any accident, injury or loss which I or the minor child I am signing for may sustain while participating in the program activity. The Town of Hampstead is not liable for any material prejudice but not limited to, theft or loss of items, by a participant or by any other person. Further, I understand that any information which is found to be false will automatically cancel the registration, without recourse for refund. In situations whereby any services are required due to an emergency, such as ambulance, the entire cost is to be covered by the participant. I hereby authorize, at my expense, whatever medical treatment my child (if applicable) may require in the event of any emergency. Registrants are urged to obtain their own insurance.*

**Acknowledgement of Waiver condition:**

Parent / Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CAMP DE JOUR / DAY CAMP 2022  
PAYMENT FORM/ FORMULAIRE DE PAIEMENT**

Nom de famille / Family name: \_\_\_\_\_ Prénom / First name: \_\_\_\_\_

Nº de telephone / Phone Number: \_\_\_\_\_ Camp Group: \_\_\_\_\_

| √                        | Semaine(s)<br>Week(s) | DATES  | Avant Camp<br>8h – 9h<br>Before Care | Après Camp<br>16h –<br>17h30**<br>After Care | MONTANT<br>PAYÉ<br>AMOUNT PAID | Commentaires<br>Comments |
|--------------------------|-----------------------|--|--------------------------------------|--|--------------------------------|--------------------------|
| <input type="checkbox"/> | A*                    | Du 27 juin au 30 juin<br>June 27 – June 30       | <input type="checkbox"/>             | <input type="checkbox"/>                     | \$                             |                          |
| <input type="checkbox"/> | B                     | Du 4 juillet au 8 juillet<br>July 4 – July 8     | <input type="checkbox"/>             | <input type="checkbox"/>                     | \$                             |                          |
| <input type="checkbox"/> | C                     | Du 11 juillet au 15 juillet<br>July 11 – July 15 | <input type="checkbox"/>             | <input type="checkbox"/>                     | \$                             |                          |
| <input type="checkbox"/> | D                     | Du 18 juillet au 22 juillet<br>July 18 – July 22 | <input type="checkbox"/>             | <input type="checkbox"/>                     | \$                             |                          |
| <input type="checkbox"/> | E                     | Du 25 juillet au 29 juillet<br>July 25 – July 29 | <input type="checkbox"/>             | <input type="checkbox"/>                     | \$                             |                          |
| <input type="checkbox"/> | F                     | Du 1 août au 5 août<br>August 1 - August 5       | <input type="checkbox"/>             | <input type="checkbox"/>                     | \$                             |                          |
| <input type="checkbox"/> | G                     | Du 8 août au 12 août<br>August 8 – August 12     | <input type="checkbox"/>             | <input type="checkbox"/>                     | \$                             |                          |
| <input type="checkbox"/> | H                     | Du 15 août au 19 août<br>August 15 – August 19   | <input type="checkbox"/>             | <input type="checkbox"/>                     | \$                             |                          |

\*4 jours / 4 days

After Care Service: \*\*20\$ de frais supplémentaires pour le premier 10 minutes après 17h30 et 1\$ par minute après / \$20 additional charge for the first 10 minutes after 17H30 and \$1 a minute thereafter.

Nº de semaines / No. of weeks \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Payé au complet / Paid in full \$ \_\_\_\_\_

Payé en deux versements / Paid in two instalments \$ \_\_\_\_\_ + \$ \_\_\_\_\_ (15 mai, 2022 / May 15 2022)

Autre enfants inscrit au camp de jour – Other children registered in day camp?

**POLITIQUE DE REMBOURSEMENT :** Les remboursements seront seulement considérés sur présentation d'une demande datée d'au plus tard le mercredi précédent le début de la semaine de camp de jour en question. Toute demande de remboursement sera sujette à des frais administratifs de 20% au prorata de la partie non-utilisée des frais. Veuillez prendre note qu'une fois qu'une semaine de camp a été entamée, elle est considérée comme étant utilisée, et ainsi n'est pas éligible à un remboursement. Aussi, toutes demandes faites après le mercredi précédent la semaine en question, sera considérée comme étant utilisée, et ainsi ne sera pas éligible à un remboursement.

Toutes demandes de remboursement pour des raisons médicales doivent être soumises par écrit, et requièrent une note valide du médecin. Si autorisé, le remboursement sera au prorata de la partie non-utilisée des frais et un 10% de frais administratifs sera applicable.

**REFUND POLICY:** Refunds will only be considered upon receiving a written request, dated no later than the Wednesday prior to the start of the day camp week in question. All refund requests will be subject to a 20% administrative charge and will be pro-rated based on the unused portion of the fees. Please note that once a week of day camp has begun, it is considered to have been used, and is not eligible to be refunded. Also, any requests made after the Wednesday prior to the week in question, will be considered used, and therefore not eligible to be refunded.

Any refunds requested for medical reasons must be done in writing and require a valid doctor's note. If granted, the refund will be pro-rated on the unused portion of the fee and a 10% administrative charge will be applied.

J'ai lu et compris la politique de remboursement du camp du jour et je comprends que la Ville de Hampstead et ses employés ne sont pas responsables pour les objets perdus ou volés.

I have read and understand the day camp refund policy. I also understand that The Town of Hampstead and its employees are not responsible for lost or stolen items.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Diminué / Declined

**Relevé 24 (Frais de garde d'enfant / Child care expense)**

Nom de la personne qui réclame l'enfant à sa charge / Name of person claiming child: \_\_\_\_\_

Numéro d'assurance sociale / Social insurance number: \_\_\_\_\_